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## STATEMENT OF

FORM 1												
				Offi	ce Use Only							
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5								
Restore O	ır Am	erica Political A	ction Committee	<b>)</b>								
	<u> </u>	1111111	<u> </u>	11111								
ADDRESS (number a	nd street)	205 Worth Av	enue Suite 201									
(Check if action is changed)		Palm Beach	3480									
!			CITY	STATE	ZIP CODE							
COMMITTEE'S E-MA	IL ADDRE	SS (Please provide only one e	e-mail address)	•								
, <u>-</u>		restoreouram	ericapac@gmail	.com	1							
(Check if is change												
COMMITTEE'S WEB  (Check if is change)	address d)	http://restored	ouramerica.com/									
2. DATE U1	5	°′2011 `										
3. FEC IDENTIFIC	IN NOITAC	UMBER C										
4. IS THIS STATE	MENT 🗵	NEW (N) OR	AMENDED (A)									
I certify that I have o	xamined ti	his Statement and to the bes	st of my knowledge and belief it	is true, correct and	complete.							
Type or Print Name	of Treasure	John	R. Clari	$t_{\underline{}}$	***************************************							
Signature of Treasure	»r <i>E</i>	John M	Clork	Date Ö1 <sup>*</sup> ′	05° ′ 20′11 ′							
NOTE: Submission of		•	may subject the person signing to	·	penalties of 2 U.S.C. §437g.							
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)							

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5.		COMMITTEE	
	(a) Candidat	e Committee:  This committee is a principal campaign committee. (Complete the candidate information below.)	<b>)</b>
		This committee is an authorized committee, and is NOT a principal campaign committee. (Con	
	(b)	information below.)	ipiete trie carioloate
	Name of Candidate		
	Candidate Party Affiliat	ion Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Co	nmittee:	
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Political /	Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	•	In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fun	draising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
	(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate  This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
		committees/organizations, none of which is an authorized committee of a federal candidate.	
	Con	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC 1D number C	
	3.	FEC ID number C	
	4.	FEC ID number C	

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Write or Type Committee Nam	е
Restore Our Am	nerica Political Action Committee
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
	<u> </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Пээмэл	·
7. Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in possession of committee
books and records.	many by manie, address (priorite names). Optionally and position of the possession of committee
John	Ŗ. Clark
Full Name	ı205 Worth Avenue Suite 201
Mailing Address	
	Dala Dala Dala Dala Dala Dala Dala Dala
	Palm Beach FL 33480
Title or Position	CITY STATE ZIP CODE
¡Executive Direct	or,
	Telephone number [ [ [ [ ] ] - [ ] -
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name John of Treasurer	R. Clark
Mailing Address	205 Worth Avenue Suite 201
	Palm Beach IFL 33480 J-I
Tide on Booth	CITY STATE ZIP CODE
Title or Position  Executive Director	Telephone number [561, ] - [414, ] - [4097,

Full Name of Designated Agent												
Mailing Address												
	CITY STATE ZIP CODE											
Title or Position												
	Telephone number											
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.												
įΒaηk <sub>,</sub> (	Of America											
Mailing Address	100 North Tryon Street											
·												

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ZIP CODE

Name of Bank, Depository, etc.

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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):